

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2010
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARRISON HOUSE OF GEORGETOWN

110 W. NORTH STREET
GEORGETOWN, DE 19947

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	<u>Disclaimer Statement</u>	
F 279 SS=D	<p>An unannounced annual and complaint survey was conducted at this facility from September 13, 2010 through September 21, 2010. The deficiencies contained in this report are based on observations, staff and resident interviews, clinical record reviews, review of facility policies and procedures and other documentation as indicated. The facility census on the first day of the survey was one hundred and two (102). The survey sample totaled twenty-five (25) residents.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timelables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview it</p>	<p>Preparation and /or execution of the Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p> <p>This plan represents the facility's credible allegation of compliance as of 12/10/2010</p> <p>483.20(d), 483, 20(k) (1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>The facility will develop a comprehensive care plan for each resident that includes all of the resident's care needs.</p> <p>To address survey concerns the facility is undertaking the following measures:</p>	12/10/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Carole D. Durrence**Administrator*

10/20/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1</p> <p>was determined that the facility failed to develop a comprehensive care plan that included all of the residents' actual care needs for two (R132 and R38) out of 25 residents sampled. R132 was not care planned for his documented agitated behaviors and refusal of medications. R38 was not care planned for her documented anxiety and behaviors related to anxiety. Findings include:</p> <p>1. Cross refer F319</p> <p>a. On 8/21/10 the nurses notes documented that R132 became agitated and turned a table over in the break room. On 8/24/10 E5 (Social Worker) documented in the chart that R132 needed to be monitored for his agitation. E5 (Social Worker) continued to document and that E5 would "write a care plan". Review of R132's care plans revealed that the facility failed to develop a care plan addressing R132's agitated behaviors.</p> <p>On 9/20/10 at 9:23 AM an interview with E5 (Social Worker) confirmed a care plan was not developed addressing R132's agitated behavior.</p> <p>b. Review of R132's Medication Administration Records for August and September 2010 revealed R132 was documented as refusing medications that included insulin injections. Review of the care plans for R132 revealed the facility failed to care plan R132's refusal of medications.</p> <p>An interview with E2 (DON) on 9/20/10 at 2:20 PM confirmed R132 should have had care plans addressing his agitated behaviors and refusal of medications.</p> <p>2. R38 was ordered Ativan 0.5 mg by mouth q (every) am for anxiety and was being monitored by nursing for her behaviors of hitting, yelling, and</p>	F 279	<p>One: Corrective action for situation identified</p> <p>1. Cross refer F 319</p> <p>a. As of 10/01/10 the facility Social Worker developed a care plan addressing R132's behaviors associated with agitated behaviors. The care plan includes measurable goals and non-pharmacological interventions.</p> <p>b. As of 10/01/10, R132 was care planned for his potential for medication refusal. The care plan includes non-pharmacological interventions.</p> <p>2. Effective 10/01/10, R38's care plan was updated to include anxiety and the associated behaviors. The care plan includes measurable goals, non-pharmacological interventions and psychotropic medication use.</p> <p>Two: Identification of other residents that have the potential to be affected</p> <p>The facility recognizes that all residents have the potential to be affected with regards to the development of a comprehensive care plan that includes a plan to address the residents actual care needs. By 11/5/10 resident care plans, behavior documentation (CNA and BIMFR forms) and associated psychotropic drug use will be audited for accuracy. Any concerns will be noted and a Social Services referral will be completed. (Attachment A)</p>	<p>10/01/10</p> <p>10/01/10</p> <p>10/01/10</p> <p>11/05/10</p>

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F 279	<p>Continued From page 1</p> <p>was determined that the facility failed to develop a comprehensive care plan that included all of the residents' actual care needs for two (R132 and R38) out of 25 residents sampled. R132 was not care planned for his documented agitated behaviors and refusal of medications. R38 was not care planned for her documented anxiety and behaviors related to anxiety. Findings include:</p> <p>1. Cross refer F319</p> <p>a. On 8/21/10 the nurses notes documented that R132 became agitated and turned a table over in the break room. On 8/24/10 E5 (Social Worker) documented in the chart that R132 needed to be monitored for his agitation. E5 (Social Worker) continued to document and that E5 would "write a care plan". Review of R132's care plans revealed that the facility failed to develop a care plan addressing R132's agitated behaviors.</p> <p>On 9/20/10 at 9:23 AM an interview with E5 (Social Worker) confirmed a care plan was not developed addressing R132's agitated behavior.</p> <p>b. Review of R132's Medication Administration Records for August and September 2010 revealed R132 was documented as refusing medications that included insulin injections. Review of the care plans for R132 revealed the facility failed to care plan R132's refusal of medications.</p> <p>An interview with E2 (DON) on 9/20/10 at 2:20 PM confirmed R132 should have had care plans addressing his agitated behaviors and refusal of medications.</p> <p>2. R38 was ordered Ativan 0.5 mg by mouth q (every) am for anxiety and was being monitored by nursing for her behaviors of hitting, yelling, and</p>	F 279	<p>By 12/10/10 Social Services will ensure that behavior care plans, to include CNA behavior flow sheets, are completed and reflect the resident's actual needs. Nursing staff will be in-serviced on the revised Social Services referral form by 10/15/10.</p> <p>Three: Measures or systemic changes</p> <p>By 11/12/10 an in-service will be provided by the consulting Pharmacist on behavior monitoring and psychotropic drug use. The nurse 24 hour report that indicates any change in resident behavior and /or medication order will continue to be reviewed daily by the QI nurse and the RNAC, or designee, who will ensure the appropriate care plan and behavior monitoring tool has been developed and implemented.</p> <p>Four: Monitoring Mechanisms</p> <p>Monthly, in addition to the Pharmacist drug review, all residents whose behaviors are monitored or who receive a psychotropic medication will be reviewed by nursing staff to ensure that care plans are consistent with psychotropic drug use and behavior monitoring. A Social Services</p>	<p>12/10/10</p> <p>10/15/10</p> <p>11/12/10</p>	

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F 279	Continued From page 2 getting up unassisted. Review of R38's care plans revealed R38 was not care planned for anxiety or the behaviors exhibited by anxiety. An interview with E4 (Unit Manager) and E7 (RNAC) on 9/21/10 at 10:35AM confirmed that the facility failed to develop a care plan for R38's anxiety and the behaviors exhibited.	F 279	referral will be completed for appropriate intervention, if needed. Social Services will report on concerns at the monthly and quarterly QI meeting. The monthly pharmacy report will include psychotropic drug use and reduction recommendation.	Ongoing
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview it was determined that the facility failed to provide appropriate monitoring and a psychiatric consult for one (R132) out of 25 residents sampled to address his documented agitated behaviors. Findings include: On 5/8/10 R132 was admitted to the facility with diagnoses that included chronic lymphocytic leukemia, Alzheimer's dementia, bradycardia with bundle branch block and paroxysmal supra ventricular tachycardia. On 8/5/10 a MDS (Minimum Data Set) assessment for significant change for R132 was initiated. The MDS documented that R132's cognition was deteriorating and he was moderately impaired for daily decision making. The MDS also documented that R132 was restless and had changes in mental function	F 319	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES The facility will continue to provide a resident who displays mental or psychosocial difficulties appropriate monitoring and services to correct the assessed problem. To address survey concerns the facility is undertaking the following measures: Cross refer to F279 One: Corrective action for situation identified In addition to the care plan revision completed on 10/1/10, the CNA behavior monitoring forms were revised to reflect behaviors being exhibited. The nursing "Behavior/Intervention Monthly Flow Record" (BIMFR) for R132 was also corrected to include behaviors exhibited and documented in the nursing notes. On 9/21/10 the facility's psychiatric nurse consultant was notified of the 9/20/10 order for a psych consult.	9/21/10

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: L5RN11 Facility ID: DE0090 If continuation sheet Page 3 of 8

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F 319	<p>Continued From page 3</p> <p>throughout the day and had behaviors of repetitive physical movements.</p> <p>On 7/9/10 the nurses notes documented that R132 "tried to hit CNA". On 8/21/10 the nurses notes documented "Resident in break room had a short burst of anger. Became agitated turned table over..."</p> <p>On 8/24/10 at 3:30 PM E5 (Social Worker) documented in his social service notes the incident of R132 over turning the table and that "...Staff needs to monitor" R132. If there are any more angry outburst he needs to have a psych (psychiatric) consult and social service will write a care plan."</p> <p>On 9/9/10 at 3:30 PM the nurses notes documented "Resident agitated this afternoon, attempting to kick staff and yelling out. Also uncooperative with care. One to one with staff most of the morning and part of the afternoon..." Review of R132's chart revealed the facility failed to ensure that R132 received a psychiatric evaluation due to the agitated behaviors.</p> <p>Review of R132 "Behavior/Intervention Monthly Flow Record" (BIMFR- form used to record behaviors and interventions used to address the behaviors) revealed the CNAs BIMFR monitored R132 for "Removing safety devises, Standing without assistance, and tearfulness/crying". Review of R132's BIMFR that the nurses used revealed nursing was monitoring R132 for "Getting up without Assistance" only. The facility failed to monitor R132 for his agitated behaviors and his refusal of medications.</p> <p>Review of the medical record with E6 (Unit</p>	F 319	<p>By 11/12/10 the nursing staff will be in-serviced by the consulting Pharmacist on behavior monitoring and psychotropic drug use.</p> <p>Four: Monitoring Mechanisms</p> <p>Monthly nursing will review all behavior monitoring forms with associated psychotropic drug use. Inconsistent monitoring will be addressed immediately and reported to the nurse supervisor who will ensure compliance. A Social Services referral will be completed for any needed care plan or monitoring change. Concerns will be audited and reported at the monthly and quarterly QI meeting.</p>	<p>11/12/10</p> <p>Ongoing</p>

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F 319	Continued From page 4			
F 329 SS=D	<p>Manager) and E5 (Social Worker) on 9/20/10 at 9:25 AM confirmed the facility failed to monitor R132's agitated behaviors and the facility failed to ensure that R132 received a psychiatric consult.</p> <p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R8) out of 25 residents sampled, the facility failed to ensure that the resident's drug regimen was free from</p>	F 329	<p>483.25(i) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>The facility will ensure that the resident's drug regimen is free from unnecessary drugs and is adequately monitored.</p> <p>To address survey concerns the facility is undertaking the following measures:</p> <p>One: Corrective action for situation identified</p> <p>The care plan, CNA behavior flow sheets and the nursing BIMFR have been updated to accurately reflect all behaviors with associated monitoring for potential adverse affects for the administration of the anxiolytic. Nursing staff will be in-serviced on Medication Management to include monitoring and documentation of any adverse consequence.</p> <p>Two: Identification of other residents that have the potential to be affected</p> <p>The facility recognizes that all residents have the potential to be affected with regards to appropriate behavior monitoring and medication management.</p>	11/12/10

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F 329	<p>Continued From page 5</p> <p>unnecessary drugs and was adequately monitored. Findings include:</p> <p>The facility's policy entitled, "Medication Management" indicated that each resident receiving anxiolytics (medication to treat or prevent anxiety) such as Xanax will be monitored for potential adverse consequences.</p> <p>Review of R8's care plan implemented on 10/1/09 revealed R8 had behavior symptoms including yelling, cursing, and excessive request for assistance from caregivers. The goals of the care plan indicated that R8 would not yell or curse more than five (5) times per day and that R8 will not have excessive requests more than five (5) times per day.</p> <p>Review of R8's September 2010 Medication Administration Record from 9/1/10-9/18/10 revealed that R8 was administered Xanax 0.5 mg. (milligram) by mouth ten times during this period of time for increased anxiety with positive effects.</p> <p>Review of R8's September 2010 Behavior/Intervention Monthly Flow Record (BIMFR) (the record utilized by the licensed nursing staff to monitor behavior symptoms including the target behavior, number of episodes, non-pharmacological and pharmacological interventions, the outcome of the interventions, and presence of any side effects from the pharmacological interventions) revealed that only one behavior of yelling was being monitored on this record. Additional behaviors of cursing and excessive requests as noted on the above care plan were not being monitored. Out of the ten administrations of Xanax, only one</p>	F 329	<p>Three: Measures or systemic changes</p> <p>A resident behavior and medication audit will be completed to ensure that behaviors are appropriately documented and monitored. Results of the audit will be reviewed by Social Services who will make any necessary revisions to the CNA forms. As stated, nursing will review both CNA and BMIFR forms for consistency.</p> <p>To ensure residents receiving psychotropic drugs receive gradual dose reductions a Titrate Audit has been completed to identify any resident that needs review for medication reduction. The consulting pharmacist will make appropriate recommendations to the physician upon the review of the audit results and documented behaviors.</p> <p>Four: Monitoring Mechanisms</p> <p>The consulting pharmacist will continue to review all resident medication orders on a monthly basis and will continue to make recommendations to ensure residents are not receiving unnecessary drugs. The results of the review will be reported monthly and at the quarterly QI meeting.</p> <p>Monthly and quarterly, Social Services will report on behavior referrals. The QI nurse and RNAC/or designee will continue to review the 24 hour report for any resident concerns regarding behaviors and medication use. Concerns will be addressed immediately and reported to the DON/ADON who will ensure compliance.</p>	<p>10/15/10</p> <p>9/25/10</p> <p>10/22/10</p> <p>Ongoing</p>

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F 329	Continued From page 6 administration was documented for R8's yelling behavior during the 3 PM-11 PM shift on 9/10/10 and no side effects were assessed. An interview with E4 (unit manager) on 9/21/10 at approximately 12:25 PM revealed that R8 often times requested the Xanax due to increased anxiety as evidenced by feeling nervous. Interview with E5 (Director of Social Services) who developed and implemented the above care plan revealed that the certified nursing assistants (CNA) document the target behavior on the "social interaction form" and licensed nursing staff identifies the behaviors to be monitored on the BIMFR. In addition, E5 stated to reassess whether R8 was meeting the care plan goals, he gathers the information documented by the certified nursing assistants but does not incorporate the information noted on the BIMFR. Lastly, E5 did confirm that the BIMFR failed to include the behaviors of cursing and excessive requests by R8. The above information was reviewed with E1 (administrator), E2 (Director of Nursing), and E3 (Associate Director of Nursing) on 9/21/10 at approximately 12:45 PM. During this discussion, E2 related that when R8 requested the Xanax for increased anxiety as evidenced by feeling nervous, that this behavior symptom needs to be monitored utilizing the BIMFR.	F 329		
F 469 SS=B	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents:	F 469	F 469 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility will maintain an effective pest control program so that the facility is free of posts and rodents. To address survey concerns the facility is undertaking the following measures:	

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F 469	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation in the dietary area on 09/14/10, it was determined that the facility failed to maintain an effective pest control program so that the facility is free of pests and rodents. Findings include: 1. On the above date at 8:35 AM, two (2) flies were observed walking across the steele food preparation table. 2. During the above tour, one (1) fly was observed flying and lighting in the dry food storage room. Review of the pest control vendor receipts on 09/21/10 indicated that ants and rodents were the primary focus of the treatment regime.	F 469	<p>One: Corrective action for situation identified</p> <p>The facility will install two additional fly trap units that will increase the square feet of attraction from 900 feet to 1800 feet. The units will be installed by 10/15/10.</p> <p>Two: Identification of other residents that have the potential to be affected</p> <p>The facility recognizes that all residents have the potential to be affected with regards to pest control.</p> <p>Three: Measures or systemic changes</p> <p>In addition to the use of the expanded fly traps, the facility will install two air curtains that will be located at the kitchen and main delivery/employee entrance doors. The air curtains will be installed by 10/15/10.</p> <p>Four: Monitoring measures</p> <p>Effective 11/10, Advanced Pest Control (APM) will service the fly trap bait stations monthly. Weekly the stations will be checked to ensure effectiveness. Any concerns will be addressed immediately by the maintenance department. All checks and service will be logged. Monthly the Maintenance director or designee will submit the APM report to the QI committee.</p>	<p>10/15/10</p> <p>10/15/10</p> <p>11/10/10</p> <p>Ongoing</p>

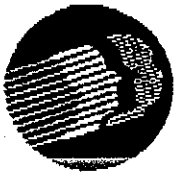
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AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 085029	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 9/21/2010
NAME OF PROVIDER OR SUPPLIER HARRISON HOUSE OF GEORGETOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 110 W. NORTH STREET GEORGETOWN, DE		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 280	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, and interview it was determined that the facility failed to revise the care plan for one (R132) out of 25 residents sampled. R132 had a care plan for Cognitive Deficit/Dementia with interventions that included a private duty companion that was not observed being present during the survey. Findings include:</p> <p>R132 had a care plan for Cognitive Deficit/Dementia with interventions that included a private duty companion however, through observations and interview with E6 (unit manger) on 9/20/10 at 9:35 AM it was determined that R132 no longer had a private duty companion.</p> <p>F 280</p> <p>483.20(d), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE/REVISE CP</p> <p>On 9/20/10 it was noted that the care plan for R132 included a private duty companion. The companion was no longer assigned to the resident. It was discontinued on the care plan on 9/20/10.</p>			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents


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NAME OF FACILITY: Harrison House of Georgetown
DATE SURVEY COMPLETED: September 21, 2010

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual survey and complaint visit was conducted at this facility from September 13, 2010 through September 21, 2010. The deficiencies contained in this report are based on observations, staff and resident interviews, clinical record reviews, review of facility policies and procedures and other documentation as indicated. The facility census on the first day of the survey was one hundred and two (102). The survey sample totaled twenty-five (25) residents.</p>	<p><u>3201</u></p> <p><u>3201.10</u></p> <p><u>3201.1.2</u></p> <p>This plan represents the facility's credible allegation of compliance as of 12/10/2010</p> <p>Cross refer to CMS 2567-L survey completed 9/21/10</p> <p>F279</p> <p>483.20(d), 483, 20(k) (1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>The facility will develop a comprehensive care plan for each resident that includes all of the resident's care needs.</p> <p>To address survey concerns the facility is undertaking the following measures:</p> <p>One: Corrective action for situation identified</p> <p>1. Cross refer F 319</p> <p>a. As of 10/01/10 the facility Social Worker developed a care plan addressing R132's behaviors associated with agitated behaviors. The care plan includes measurable goals and non-pharmacological interventions.</p> <p>b. As of 10/01/10, R132 was care planned for his potential for medication refusal. The care plan includes non-pharmacological interventions.</p>
3201	Skilled and Intermediate Care Nursing Facilities	
3201.1.0	Scope	
3201.1.2	<p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>Cross refer to the CMS 2567-L survey</p>	

Provider's Signature

Title

Administrator

Date

10/20/10



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	<p>report date completed 9/21/10, F279, F280, F319, F329 and F469.</p> <p style="text-align: right;">F 279</p>	<p>2. Effective 10/01/10, R38's care plan was updated to include anxiety and the associated behaviors. The care plan includes measurable goals, non- pharmacological interventions and psychotropic medication use. 10/01/10</p> <p>Two: Identification of other residents that have the potential to be affected</p> <p>The facility recognizes that all residents have the potential to be affected with regards to the development of a comprehensive care plan that includes a plan to address the residents actual care needs. By 11/5/10 resident care plans, behavior documentation (CNA and BIMFR forms) and associated psychotropic drug use will be audited for accuracy .Any concerns will be noted and a Social Services referral will be completed. (Attachment A) 11/05/10</p> <p>By 12/10/10 Social Services will ensure that behavior care plans, to include CNA behavior flow sheets, are completed and reflect the resident's actual needs. 12/10/10</p> <p>Nursing staff will be in-serviced on the revised Social Services referral form by 10/15/10. 10/15/10</p> <p>Three: Measures or systemic changes</p> <p>By 11/12/10 an in-service will be provided by the consulting Pharmacist on behavior monitoring and psychotropic drug use. The nurse 24 hour report that indicates any change in resident behavior and /or medication order will continue to be reviewed daily by the QI nurse and the RNAC, or designee, who will ensure the appropriate care plan and behavior monitoring tool has been developed and implemented. 11/12/10</p>

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	<p>report date completed 9/21/10, F279, F280, F319, F329 and F469.</p> <p style="text-align: right;">F279</p>	<p>Four: Monitoring Mechanisms</p> <p>Monthly, in addition to the Pharmacist drug review, all residents whose behaviors are monitored or who receive a psychotropic medication will be reviewed by nursing staff to ensure that care plans are consistent with psychotropic drug use and behavior monitoring. A Social Services referral will be completed for appropriate intervention, if needed. Social Services will report on concerns at the monthly and quarterly QI meeting. The monthly pharmacy report will include psychotropic drug use and reduction recommendation.</p> <p style="text-align: right;">Ongoing</p>



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	F280	<p>F 280</p> <p>483.20(d), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE/REVISE CP</p> <p>On 9/20/10 it was noted that the care plan for R132 included a private duty companion. The companion was no longer assigned to the resident. It was discontinued on the care plan on 9/20/10.</p> <p>9/20/10</p>
	F319	<p>F 319</p> <p>483.25(f) (1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES</p> <p>The facility will continue to provide a resident who displays mental or psychosocial difficulties appropriate monitoring and services to correct the assessed problem.</p> <p>To address survey concerns the facility is undertaking the following measures:</p> <p>Cross refer to F279</p> <p>One: Corrective action for situation identified</p> <p>In addition to the care plan revision completed on 10/1/10, the CNA behavior monitoring forms were revised to reflect behaviors being exhibited. The nursing "Behavior/Intervention Monthly Flow Record" (BIMFR) for R132 was also corrected to include behaviors exhibited and documented in the nursing notes.</p> <p>On 9/21/10 the facility's psychiatric nurse consultant was notified of the 9/20/10 order for a psych consult.</p> <p>9/21/10</p>



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	F319	<p>Four: Monitoring Mechanisms</p> <p>Monthly nursing will review all behavior monitoring forms with associated psychotropic drug use. Inconsistent monitoring will be addressed immediately and reported to the nurse supervisor who will ensure compliance. A Social Services referral will be completed for any needed care plan or monitoring change. Concerns will be audited and reported at the monthly and quarterly QI meeting.</p> <p>Ongoing</p>
	F329	<p>F 329</p> <p>483.25(i) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>The facility will ensure that the resident's drug regimen is free from unnecessary drugs and is adequately monitored.</p> <p>To address survey concerns the facility is undertaking the following measures:</p> <p>One: Corrective action for situation identified</p> <p>The care plan, CNA behavior flow sheets and the nursing BIMFR have been updated to accurately reflect all behaviors with associated monitoring for potential adverse affects for the administration of the anxiolytic. Nursing staff will be in-serviced on Medication Management to include monitoring and documentation of any adverse consequence.</p> <p>11/12/10</p>



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	report date completed 9/21/10, F279, F280, F319, F329 and F469. F329	<p>Two: Identification of other residents that have the potential to be affected</p> <p>The facility recognizes that all residents have the potential to be affected with regards to appropriate behavior monitoring and medication management.</p> <p>Three: Measures or systemic changes</p> <p>A resident behavior and medication audit will be completed to ensure that behaviors are appropriately documented and monitored. Results of the audit will be reviewed by Social Services who will make any necessary revisions to the CNA forms. As stated, nursing will review both CNA and BMIFR forms for consistency. 10/15/10</p> <p>To ensure residents receiving psychotropic drugs receive gradual dose reductions a Titrate Audit has been completed to identify any resident that needs review for medication reduction. The consulting pharmacist will make appropriate recommendations to the physician upon the review of the audit results and documented behaviors. 9/25/10</p> <p>10/22/10</p> <p>Four: Monitoring Mechanisms</p> <p>The consulting pharmacist will continue to review all resident medication orders on a monthly basis and will continue to make recommendations to ensure residents are not receiving unnecessary drugs. The results of the review will be reported monthly and at the quarterly QI meeting.</p> <p>Monthly and quarterly, Social Services will report on behavior referrals.</p> <p>The QI nurse and RNAC/or designee will continue to review the 24 hour report for any resident concerns regarding behaviors and medication use. Concerns will be addressed immediately and reported to the DON/ADON who will ensure compliance. Ongoing</p>

